

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City St. Louis,

Registration District No. 1003

Primary Registration District No. 1

City Hospital No. 1

4269

File No. 1331

Registered No. 1331

St. Ward)

B. 14526 Charles Fox

2. FULL NAME

(a) Residence, No. Ozanam Shelter

(Usual place of abode)

St. 11 Ward. 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 15, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73

8

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

laborer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

2

FATHER MOTHER

13. NAME Nicholas Fox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

10

15. MAIDEN NAME Julia Meyers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

11

17. INFORMANT (ADDRESS)

Hosp. Info. M.H. Kent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington DATE 1-28 1917

19. UNDERTAKER (ADDRESS)

W. Richter
200 N. 1st St.
St. Louis

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1/24/37

19

22. I HEREBY CERTIFY, That I attended deceased from

1/6/37

19

1/24/37

19

I last saw him alive on 1/24/37, 19

Death is said

to have occurred on the date stated above, at 9p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of
stomach

Date of onset

Other contributory causes of importance

arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Richter
City Hospital No. 1

M. D.

